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HEALTH & WELFARE

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August 6, 2015

The Honorable C.L. "Butch" Otter
Governor of Idaho
P.O. Box 83720
Boise, ID 83720-0034

Subject: Idaho Healthcare Coalition Progress Report

Dear Governor Otter:

The Idaho Healthcare Coalition (IHC) was established in 2014 by Executive Order 2014-02. The IHC is charged with expanding on the work of the Idaho Healthcare Council by leading development of an integrated, coordinated healthcare system in Idaho that focuses on improved population health, improved individual health outcomes and cost efficiencies. On December 16, 2014, Idaho received a State Innovation Model award of \$39,683,813 over 4 years. The Model Test began February 1, 2015 with the first year focusing on the pre-implementation phase. I am providing an overview of progress during the last quarter of SFY2015 (April-June, 2015) including the following items:

- I. The report that provides an overview of Idaho's progress addressing item No. 5, a-f, as outlined in Executive Order No. 2014-02.
- II. Current appointees of the Idaho Healthcare Coalition (IHC), including rationale for engagement (Appendix A)

These documents demonstrate the advancements made by the IHC and their commitment to the State Healthcare Innovation Plan. Please let us know if you have questions or require additional information.

Sincerely,

RICHARD M. ARMSTRONG
Director

RMA/cc

enclosures

cc: Ted Epperly, M.D.
Denise Chuckovich
Cynthia York



Idaho Healthcare Coalition

Quarterly Progress Report SFY15 Q4



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INTRODUCTION

The Idaho Healthcare Coalition (IHC) was established in February of 2014 through Executive Order 2014-02 to implement state healthcare initiatives and develop a plan to effectively address healthcare delivery. In December 2014 the Idaho Department of Health and Welfare (IDHW) received a state innovation model grant for \$39,683,813 from the Center for Medicare and Medicaid Innovation (CMMI) that funds a four-year model test that began on February 1, 2015, to implement the State Healthcare Innovation Plan (SHIP). During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

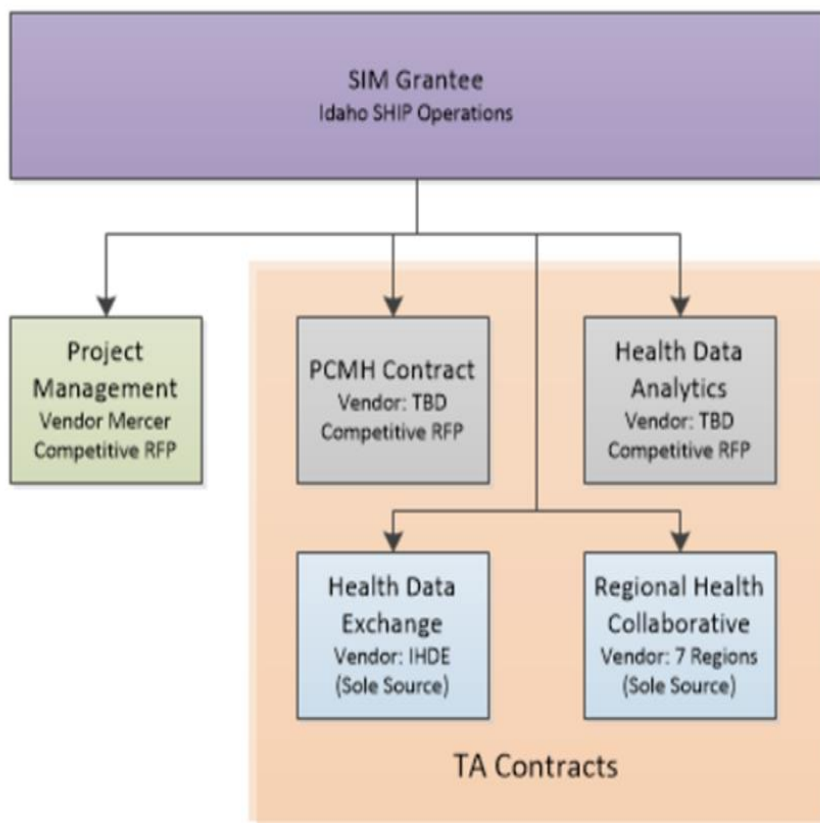
As we look to the future, the IHC is focusing on important initiatives of the SHIP to help strengthen Idaho citizens and families, while improving their health and self-sufficiency through the redesign of Idaho's healthcare delivery and payment system. During the SYF 2015 fourth quarter, the IHC, SHIP stakeholders and IHC workgroups, continued with the pre-implementation planning/processes for the SHIP model test plan. Significant achievements from April 1, 2015-June 30, 2015, included: 1) Six SHIP staff members were hired; 2) IHC and workgroup charges, roles, responsibilities, standards, and expectations were defined; 3) contract requirements and scopes of work were developed for ten year one contracts; 4) vendor procurement processes were initiated and 5) stakeholder education and engagement presentations continued to be a high priority.

IHC appointees include representatives of private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations, and community representatives. The IHC meets on a monthly basis via telephone conference and face to face to lead the development of an integrated, coordinated healthcare system in Idaho that focuses on improved population health, improved individual health outcomes, and cost efficiencies.

These monthly IHC meetings are well attended, with agenda items focusing on realizing the seven project goals and strengthening the Idaho model. The group's membership has grown since June 2013 and has demonstrated remarkable consensus regarding the design and implementation plans for Idaho's Model Test to achieve health care transformation in Idaho.

Through the IHC, health care providers, clinic staff, technical experts, public and private payers, quality improvement professionals and others come together to share valuable knowledge and resources.

The following diagram provides an overview as to the anticipated SHIP contracts: 1) Mercer Project Management and Financial Analysis; 2) the Idaho Health Data Exchange; 3) the Regional



Collaborative Public Health District Contracts and other Technical Assistance (TA) DHW Contracts (to be developed/identified).

There are six workgroups associated with the IHC: 1) Behavioral Health/Primary Care Integration Workgroup (BHI); 2) Clinical Quality Measures Workgroup (CQM); 3) HIT/Data Analytics Workgroup (HIT); 4) Idaho Patient Centered Medical Home Collaborative (IMHC); 5) Multi-payer Workgroup (MPW); and 6) Population Health Workgroup (PHW). Each of

the six workgroups has developed an agreed upon charge which has been confirmed by the IHC.

Additionally, there are five advisory groups that assist the IHC in a capacity: 1) Community Health Workers (CHW), 2) Community EMS Task Force (CHEMS), 3) Idaho Health Professions Education Council (IHPEC), 4) Idaho Oral Health Alliance (OHA) and 5) Telehealth Council (TELEC).

In total there are presently over 120 active participants in the IHC related workgroups and advisory groups. These workgroups and advisory groups come together for dialogue, discussion, and to develop actionable strategies and plans.

During the year one pre-implementation stage of the SHIP CMMI grant (February 1, 2015- January 31, 2016), each workgroup is developing their own work plan that delineates specific workgroup deliverables and timelines for completion. Each workgroup has assigned DHW staff who works closely with workgroup chairs and members to ensure these work plans link back to the Idaho Model Test's (MTP) larger Operational Plan. DHW staff assigned to the workgroups has responsibility for ensuring that the workgroups stay on task and meet their deliverable targets. During this reporting period, presentations and meetings to engage stakeholders were held with the: Idaho Employers' Health Coalition, Idaho Health Professions Education Council, Central District Health Department, Ada County Medical Society, House Health & Welfare Committee, Boise State University, Boise City Club, Idaho Primary Care Association Board of Directors, Idaho Rural Health Association, University of Washington Veterans Center, Leadership of Idaho Academy of Nutrition and Diabetics, Idaho Caregivers Association, Portenuff Health Systems, St. Luke's Primary Care Clinic representatives and the IPCA regarding self-funded employees and payment redesign.

Mercer met with the IHC on June 22, 2015 to provide an overview of their project management approach as the Project Management and Financial Analysis Contractor for SHIP. Mercer's scope of work during the pre-implementation year includes: 1) updating the SHIP Operational Plan; 2) developing a Master Project Management Plan which includes a Communication Plan and Quality Management Plan. The Operational Plan for SHIP finalizes the statewide healthcare transformation design, provides a roadmap for attaining the seven goals and develops work plans and timelines as action steps for the three years of the model test. The Master Project Management Plan serves as the framework for successful implementation of the SHIP Operational Plan. The revised operational plan is due to the IHC by 10/01/2015.

As a component of the Communication Plan, the SHIP team is developing a SHIP website (www.ship.idaho.gov) including the following features: Home, IHC (Governance), Calendar, Work Groups, Regional Collaboratives, FAQ, About Us, and Contact Us. It is projected that the website will launch on or around August 1, 2015. Additional workgroup and advisory group pages scheduled for future content population include the following: TELEC, MPW, HIT, PHW, IMHC, CQM, BHI, CHEMS and CHW pages. The site will be designed with the general public in mind. As a user moves deeper into the site, additional pages will contain further details and links to SHIP and workgroup documents. Visitors will have the ability to sign up to be on the list serve as well as set page alerts – so as content changes, they will receive email updates.

Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs).

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Goal 7: Reduce overall healthcare costs

MEMBERSHIP UPDATE

The current IHC roster of appointees has been included (Appendix A). The professional affiliation, expertise, and contribution to the IHC is included in the matrix. The IHC and its workgroups have identified additional nominees for consideration of appointment by the Governor.

The 2015 IHC meeting calendar includes the following meeting dates:

- I. July 8, 2015
- II. August 12, 2015
- III. September 9, 2015
- IV. October 14, 2015
- V. November 18, 2015
- VI. December 9, 2015

ACCOMPLISHMENTS & PROGRESS

A. Facilitate and support the transformation of primary care practices to the PCMH model:

The IMHC charge is to develop and promote the medical home model in Idaho. There are currently twenty six members representing large private payers, large Idaho Healthcare systems, health professions education, independent family physicians, Idaho Hospital Association, Idaho Legislature, Idaho Academy of Family Physicians and IDHW Bureau of Primary and Rural Health Care, Veterans Administration and the Idaho Medical Association. During this reporting period, their charge was to recommend to the IHC, clinic qualifying criteria for participation in the first year PCMH model test.

IMHC is developing an initial application to determine interest and readiness of primary care practices related to participation in the PCMH transformation. IMHC is also refining the selection criteria for identifying the first cohort of 55 clinics that will participate in the PCMH SHIP model test.

Additionally, SHIP Operations has nearly completed the selection process for the PCMH contractor who will assist in recruitment, transformation and support for the primary care practices participating in the SHIP PCMH model.

B. Develop regional collaboratives to support local practices in transformation and integration of PCMHs with the medical neighborhood that includes secondary and tertiary care consultants, hospitals, behavioral health and other community support services:

During the summer of 2015, Idaho's 7 regional Public Health Districts (PHDs) will create Regional Collaboratives (RCs), providing support, technical assistance and resources to practices as they transform to a PCMH and to existing PCMHs as they further expand their capacity and enhance their care model. The scope of work to establish contracts with seven public health districts has been finalized during this quarter and is on-track to meet the target implementation date of July 1, 2015. The RCs will facilitate development of the medical neighborhoods to strengthen patient care coordination and will convene a regional stakeholder advisory collaborative group. The RC stakeholder advisory collaborative group will have direct input to the IHC through the PHD directors and RC collaborative chairs, so regional and local concerns can be raised at the state level.

In the management of RCs, Idaho's PHDs will lead integration of public health and population management into the model, and will bring an intimate familiarity with local healthcare resources to developing the medical neighborhood. Communities will participate in community needs assessments and will work with the RCs to align specific performance metrics for the PCMHs in their region with identified areas of need.

This effort will require close collaboration of community stakeholders (e.g., local health departments, with health care delivery systems, health care providers) to achieve shared goals. A variety of organizational structures may be utilized based on specific regional circumstances and priorities. Recruitment efforts are underway to hire the staff who will work most closely with the Health Collaborative leadership to design and coordinate the work of the collaborative and the medical neighborhood.

The regional health collaborative(s):

1. Provides leadership to effectively implement transformation.
2. Identifies and acts upon regional health collaborative priorities.
3. Provides opportunities for local individuals and organizations to connect and share information about strategies for improving the health of their communities.
4. Identifies and recommends action relevant to the medical neighborhood needs of local communities in that region.
5. Fosters linkages within the region.
6. Improves capabilities to achieve the triple aim.
7. Identifies the resources, training and tools needed to initiate the medical neighborhood at the local level.
8. Enables local stakeholders to engage in medical neighborhood efforts.
9. Establishes community engagement through defining and addressing health needs.
10. Aligns leadership that recognizes that accountability for health outcomes is shared and bridges disciplines, to reduce fragmentation and foster continuity.

C. Recognize the critical issues related to Idaho's healthcare provider workforce shortage and work closely with the Idaho Health Professions Education Council, established by executive order in 2009, to ensure that SHIP activities align with the Council's workforce development strategies:

Dr. David Schmitz, Chair of IHPEC, is preparing a report for presentation to the IHC to advise them on workforce education key topics and strategic initiatives to address healthcare provider workforce shortages in Idaho. Dr. Schmitz met with IHC representatives in June, 2015 and will be prepared to report on IHPEC workforce development strategies/recommendations to the IHC in August or September, 2015.

During this quarter, the Community Health Worker (CHW) stakeholders conducted a statewide assessment survey and key informant meeting and data from the completed surveys is being analyzed. A follow-up CHW stakeholder meeting has been scheduled for July 30, 2015 where they will meet to review the CHW assessment survey results and to recommend training components for the CHW training to be offered through SHIP.

Over the three-year model test period, SHIP plans to train an estimated 200 CHW's. These workers will combine core competencies in the management of specific diseases with primary care support skills, and will be trained in evidence-based pathways of care. The introduction of additional Community Health Workers in rural and frontier communities will greatly enhance the health delivery systems in these under-resourced areas.

D. Establish quality outcome measures and methods to collect and analyze individual patient and population health outcomes:

The CQM Workgroup began meeting in June of 2013. This workgroup established an initial Performance Measures catalog. The initial performance measures to be included in the catalog were targeted because they represent the areas with the most need for health improvement across all Idahoans. In June 2015, the CQM Workgroup was reconvened to further refine the catalog, the performance measures/metrics and to identify the data sources for extraction of data.

Through a SHIP contract with the IHDE, interoperable HIT will integrate PCMHs practices into the greater healthcare system, empowering them to transform care by improving their care coordination with individual patients and across the Medical Neighborhood. IHDE will also develop data collection processes for the SHIP clinical quality measures as identified in the Performance Measures Catalog. In the future, HIT will also enable the systematic and statewide measurement of population health targets.

E. Advance primary care payment methods that align with the PCMH model, encouraging public and private payers to reimburse for improved health outcomes rather than volume of visits:

In May 2015, each Payer representative presented their organization's vision and plan for transitioning to incentivizing for performance based value, parameters for payer's patient attribution, population risk/stratification and methodologies for reimbursement to practices that participate in SHIP.

The presentations made by the different payers have been summarized and a matrix created. These will be reviewed by the workgroup at the July 8, 2015 meeting and a final version presented to the IHC in August, 2015. Mercer, our project management contractor, will also be working with the workgroup to collect baseline aggregate data for all the participants; members have received the matrix and user agreements. Data collection is anticipated to start in September.

F. Provide guidance to expand health information technology (HIT) at the practice level, enhancing PCMHs' use of electronic health records (EHRs), enabling the coordination of care and redundancies found in the current healthcare delivery system and, at the state level compiling population health data for quality measurement and improvement:

In April, 2015, a timeline of the proposed procurement partners and process was developed and confirmed by the HIT Workgroup:

A Request for Information (RFI) was released in February to help ascertain the information needed to prepare an RFP that requests a proposal to design a system of incorporating data sharing, interconnectivity, analytics and reporting for the sharing of critical information at the patient and population levels. Responses to the RFI were received in March and a HIT Workgroup member developed a high level analysis/review matrix based on the responses to questions asked in the RFI. The HIT Workgroup reviewed the response matrix and made recommendations for content areas of the RFP, including prioritization of these areas.

In May, 2015, the HIT Workgroup engaged in facilitated activity where the workgroup members ranked a list of RFI items they would like to see incorporated into the construction of the Request for Proposal (RFP). The goal of this activity was to assist in the assignment of point values used at the technical scoring phase once all bids are received. The Workgroup engaged in 4 rounds of ranking.

In June 2015, a contractor was identified to develop the components for a data analytics Request for Proposal (RFP) to support Idaho's SHIP model test project. Once finalized, the RFP will be released for bid in accordance with DHW competitive bid processes to identify the contractor.

G. Develop a long-range plan for sustainability and growth of Idaho's transformed healthcare system:

The SIM Model Test Project Management and Financial Analysis contract was awarded to Mercer following a competitive bid process. The Mercer contract includes five key deliverables/activities: 1) project initiation, 2) developing the formal operational plan including a communication plan, 3) developing a master project plan and schedule, 4) project management, and 5) cost savings financial analysis.

The financial analysis component will provide valuable insights on how the Triple Aim outcomes of a healthy population, exceptional patient care and affordable costs can be actualized. A certified cost savings financial analysis for the SHIP Model Test will be conducted by Mercer, utilizing the financial analysis completed during the SHIP planning phase. The financial analysis will be updated, ensuring that all requirements for the financial analysis are met. Participating payers (Idaho Medicaid, Idaho Blue Cross, PacificSource of Idaho, and Regence) will be engaged in this process to obtain data and implement ongoing financial analysis.

The Scope of Financial Analysis includes the following:

1. A description of the populations being addressed and their respective total medical costs as per member per month and population total. The populations include, but are not limited to, Medicare, Medicaid and/or CHIP, and commercial payer populations.
2. Anticipated cost savings resulting from specified interventions, including the types of costs that will be affected by the model and the anticipated level of improvement by target population and basis for expecting savings (previous studies, experience, etc.).
3. The related expected total federal cost savings and return on investment during the project period for the overall state model test, as well as on a projected annualized basis after the term of the award is finished.
4. Financial models explaining the logic driving the forecasted cost of care savings.

Activities over the course of the four year grant include: A) Recalculating the current financial analysis using actual data to establish a baseline; B) Calculating Return on Investment (ROI) for the end of year three (3) of the SHIP Model Test and two (2) years beyond the end of the SHIP Model Test; C) Annual actuarial analyses to evaluate cost savings against established targets and D) Trend analysis to gauge how well we are on track for three (3) and five (5) year ROI.

APPENDICES

Appendix A – Idaho Healthcare Coalition Appointees

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
IHC Leadership				
Ted Epperly, MD President and CEO Family Medicine Residency of Idaho	<i>Dr Epperly is a nationally-respected healthcare system transformation leader and has led Idaho's efforts in transformation over the past two years during Idaho's model design phase and now will lead our model test as chair of the Idaho Healthcare Coalition.</i>	May 2013-Present	Governor Appointed, Chair, Idaho Healthcare Coalition	<i>Family Medicine Residency of Idaho</i> 777 N. Raymond St. Boise, ID 83704 Ted.epperly@fmridaho.org
Denise Chuckovich, Deputy Director, Department of Health and Welfare	Ms. Chuckovich serves as Co-Chair of the IHC and DHW lead on Idaho MTP implementation. As the state agency responsible for MTP implementation. DHW leadership is critical to the success of Idaho's efforts.	September 2012-Present	DHW lead on MTP and IHC co-chair	Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ChuckovD@dhw.idaho.gov
State Leadership				
Richard Armstrong, Director, Department of Health & Welfare	Mr. Armstrong is the director of the Idaho Dept of Health and Welfare and provides critical cabinet level leadership. He has identified the MTP as a high priority IDHW strategic initiative.	September 2012-Present	Mr. Armstrong provides highest level leadership within DHW and Idaho state government officials. He participates in monthly IHC meetings and provides strong liaison relationships with other cabinet members, Governor's Office, legislators.	Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5500 ArmstrongR@dhw.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Scott Carrell, Executive Director, Idaho Health Data Exchange Chair, HIT Work Group	<i>Mr. Carrell represents the Idaho Health Data Exchange which will play a key role in data sharing and analytics in Idaho's MTP.</i>	June 2013- Present	Mr. Carrell represents the Idaho Health Data Exchange, a critical element of Idaho's model test. The IHDE will provide connectivity for PCMHs participating in the model test.	Idaho Health Data Exchange 450 W State St P.O. Box 6978 Boise, ID 83707 scarrell@idahohde.org
Ross Edmunds, Behavioral Health Division Administrator, Department of Health and Welfare	Mr. Edmunds is the state Behavioral Health Authority and provides focus on BH integration with primary care.	September 2014 - Present	Mr. Edmunds brings the behavioral health community perspective to the IHC and is leading Idaho's work in BH System transformation.	Behavioral Health Division Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5726 EdmundsR@dhw.idaho.gov
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 HettingL@dhw.idaho.gov
Nicole McKay, Deputy Attorney General	Represents Idaho's Attorney General	January 2015. Previous DAG in role since 10/13	State Deputy Attorney General provides legal guidance to IDHW and IHC, particularly in the areas of anti-trust, conflict of interest, and contracting.	State Deputy Attorney General Department of Health & Welfare 450 W State St., 10 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5540 McKayN@dhw.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Tammy Perkins Sr. Special Assistant for Health and Social Svcs Office of the Governor	Ms. Perkins represents the Governor's office on the IHC. Governor Otter has been a strong supporter of healthcare system transformation since he took office in 2007.	June 2013- Present	Represents governor's office, communicates key policy direction from governor, and serves a conduit back to governor re IHC policy recommendations.	Office of the Governor State Capitol P.O. Box 83720 Boise, ID 83720 tperkins@gov.idaho.gov
Elke Shaw-Tulloch, Public Health Division Administrator, Department of Health and Welfare	Ms. Tulloch represents the state Health Division within the Dept of Health and Welfare	August 2013 - Present	Ms. Tulloch represents the state level public health division perspective	Public Health Division Department of Health & Welfare 450 W State St., 4 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-6996 ShawE@dhw.idaho.gov
Mary Sheridan, Bureau Chief, Bureau of Primary and Rural Health Care, DHW Health Division	Represents state level rural health and primary care office.	September 2012	Ms. Sheridan provides a focus on rural healthcare delivery that is critical to Idaho's model test initiative.	Public Health Division Department of Health & Welfare 450 W State St., 4 th Fl. P.O. Box 83720 Boise, ID 83720-0036 208-332-7212 SheridaM@dhw.idaho.gov
Cynthia York, Program Administrator, Office of Healthcare Policy Initiatives	Provides leadership for the initiative within IDHW.	March 2014	Ms. York is responsible for the day to day operations of the Office of Healthcare Policy Initiatives which will be responsible for Idaho's Model test implementation.	Office of Healthcare Policy Initiatives Department of Health & Welfare 450 W State St., 3 rd Fl. P.O. Box 83720 Boise, ID 83720-0036 208-334-5574 YorkC@dhw.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Legislative Leadership				
Lee Heider, Senator, Idaho Legislature Chair, Senate Health and Welfare Committee	Senator Heider provides legislative perspective and support to Idaho's healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing Senate support for the plan.	July 2013-Present	Senator Heider, as chair of the Idaho Senate Health and Welfare Committee, provide senate level leadership and connectivity for Idaho SHIP. He speaks regularly in support of the SHIP in senate hearings, and healthcare discussions.	Idaho Legislature 1631 Richmond Dr. Twin Falls, ID 83301 lheid@senate.idaho.gov
Fred Wood, MD, Representative Idaho Legislature Chair, House Health and Welfare Committee	Representative Wood provides legislative perspective and support to Idaho's healthcare transformation plan. He has been an unfailing supporter of the SHIP and instrumental in developing House support for the plan. Rep Wood is also a physician, so brings that invaluable perspective to discussions as well.	July 2013-Present	Representative Wood, as chair of the Idaho House Health and Welfare Committee, provide house level leadership and connectivity for Idaho SHIP.	Idaho Legislature P.O. Box 1207 Burley, ID 83318-0828 fwood@house.idaho.gov
Physicians				
Andrew Baron, MD, Medical Director Terry Reilly Health Services	Dr. Barron is medical director at Terry Reilly Health Services, a FQHC, serving large numbers of uninsured Idahoans.	July 2013-Present	Dr. Barron represents a community health center perspective, serving many low-income and uninsured patients. He has a particular	Terry Reilly Administrative Office 211 16 th Avenue, North Nampa, ID 89687 abaron@trhs.org

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Chair, Quality Work Group Co-chair, BH/PC Integration Work Group			interest in behavioral health/primary care integration and co-chairs that IHC workgroup.	andrew.baron.md@gmail.com
Keith Davis, MD, Independent Physician President, Idaho Medical Association Board of Trustees	Dr. Davis is an independent family physician practicing in a large rural area. He is the only physician in his county and represents the views of rural physicians.	June 2013-Present	Represents small rural practice perspective. Also in leadership role at Idaho Medical Association.	Shoshone Family Medical Center NCQA Level 3 PCMH 113 S. Apple St. Shoshone, ID 83352 docdavis@shashone.net
Scott Dunn, MD, Idaho Academy of Family Physicians Co-Chair, Idaho Medical Home Collaborative	Dr. Dunn is an independent family physician practicing in a small Idaho community.	June 2013-Present	Dr. Dunn represents small rural physician practice that has fully implemented PCMH and achieved NCQA level 3 recognition.	Family Health Center 606 N. 3 rd Ave. #101 Sandpoint, ID 83864 dunn6@juno.com
David Peterman, MD, President Primary Health Co-Chair, Multi-Payer Work Group	Dr. Peterman is a pediatrician and represents a large primary care organization.	June 2013-Present	Dr. Peterman brings the perspective of both a pediatrician and president of an independent multi-clinic family practice.	Primary Health Medical Group 6348 Emerald St. Boise, ID 83704 david.peterman@primaryhealth.com
Dave Schmitz, MD Family Medicine	Dr. Schmitz works with family medicine residents who are practicing	July 2014-Present	Dr. Schmitz represents Idaho Health Professions	Family Medicine Residency of Idaho 777 N. Raymond St.

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Residency of Idaho, Chair of Idaho Health Professions Education Council	in rural Idaho communities.		Education Council, and Idaho workforce issues.	Boise, ID 83704-9251 dave.schmitz@fmridaho.org
Provider Membership Associations				
Tom Fronk, Executive Director Idaho Primary Care Association	Mr. Fronk represents the membership association for Idaho's 13 community health centers. The CHCs have clinic sites in 40 locations across the state, including many rural communities.	June 2013- Present	Mr. Fronk represents Idaho's 13 CHCs which provide primary care, dental and BH services to 10% of Idaho's population.	Idaho Primary Care Association 1087 W River St, Sui. 160 Boise, ID 83702 tfronk@idahopca.org
Deena LaJoie, Idaho Academy of Nutrition& Dietetics	Dieticians will plan a critical role in individual and population health.	March 2015 - Present	Ms. LaJoie represents the state's dieticians and can provide the important perspective of the role of diet and nutrition in maintaining personal and population health.	716 N. Troutner Way Boise, ID 83712-7545 208-284-2674 deenal@gmail.com
Susie Pouliot, Chief Executive Officer Idaho Medical Association	Ms. Pouliot represents the Idaho membership association for Idaho physicians.	June 2013- Present	Ms. Pouliot represents Idaho's physician community, including primary care and specialty care.	Idaho Medical Association 305 W. Jefferson St. Boise, ID 83702 susie@idmed.org

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Neva Santos, Executive Director Idaho Academy of Family Physicians	Ms. Santos represents the Idaho membership association for Idaho family physicians.	June 2013-Present	Ms. Santos represents Idaho's family practice physician community.	Idaho Academy of Family Physicians 777 N. Raymond St. Boise, ID 83704 idafoafp@aol.com
Larry Tisdale, CFO Idaho Hospital Association	Mr. Tisdale represents the membership association for Idaho's hospitals.	June 2013-Present	Mr. Tisdale represents Idaho's hospitals including large hospital systems as well as many small critical access hospitals.	Idaho Hospital Association 615 N. 7th St. Boise, ID 83702 ltisdale@teamiha.org
Jennifer Wheeler, Idaho Oral Health Association (IOHA) (move to provider associations section of plan)	Ms. Wheeler represents the oral health provider community	June 2015-Present	IOHA represents a consortium of oral health providers who bring needed expertise regarding the integration of oral health with physical health	IOHA PO Box 2039 Boise, ID 83701 jwheeler@idahooralhealth.org
Healthcare Systems				
Mike Dixon, MD, Executive Director, North Idaho Health Network	Dr. Dixon represents a network of physicians in N. Idaho.	June 2013-Present	Dr. Dixon represents views of physician networks.	1250 W. Ironwood Dr. Ste. 201 Coeur d'Alene, ID 83814 mdixon@nihn.net
Casey Meza, Executive Director, Affiliated Health Services Kootenai Health	Ms. Meza represents a large healthcare system in N. Idaho.	December 2014-Present	Ms. Meza brings the perspective of a large healthcare delivery system in N Idaho.	Kootenai Health 2003 Kootenai Health Way Coeur d'Alene, ID 83814 CMeza@kh.org

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Daniel Ordyna, CEO Portneuf Medical Center	Mr. Ordyna represents a large healthcare system in S.E. Idaho.	March 2015 - Present	Mr. Ordyna brings the perspective of a large healthcare delivery system in SE Idaho.	Portneuf Medical Center 777 Hospital Way Pocatello, ID 83201 Daniel.ordyna@portmed.org
David Pate, MD, President and CEO St. Luke's Health System	Dr. Pate represents a large Idaho healthcare system with multiple sites in S. Idaho.	June 2013- Present	Dr. Pate brings the perspective of a large healthcare delivery system in S. Idaho.	St. Luke's Health System 190 E. Bannock St. Boise, ID 83712 pated@slhs.org
Robert Polk, MD, Vice President & Chief Quality Officer, St. Alphonsus Health System	Dr Polk represents a large Idaho healthcare system, with multiple sites in the Boise area.	September 2014-Present	Dr. Polk brings the perspective of a large healthcare delivery system in S. Idaho.	St. Alphonsus Health System 1055 N. Curtis Road Boise, ID 83706 jrobpolk@sarmc.org
Janet Willis, Assistance Director, Nursing Education VA Medical Center	Ms. Willis is a RN at the Idaho VA medical Center with particular expertise with the patient centered medical home.	September 2014-Present	Ms. Willis represents the nursing perspective in development of the PCMH and also bring the perspective of the Veterans Administration (VA)	VA Medical Center 500 W. Fort St. Boise, ID 83702 Janet.willis@va.gov
Payers				
Josh Bishop, Vice President & Regional Idaho	Josh Bishop represents a large private payer in Idaho	June 2015- Present	Josh Bishop represents one of Idaho's largest private insurers who play a critical	PacificSource 408 E Parkcenter Boulevard, Suite 100 Boise, ID 83706

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Director, PacificSource		Pacific Source reps have been participating in SHIP discussions since 2013.	role in developing a value based reimbursement plan for Idaho PCMHs.	Josh.bishop@pacificsource.com
Melissa Christian, Vice President, Network Management Regence Blue Shield of Idaho	Ms. Christian represents a large private payer in Idaho.	This payer has been participating in multi-payer discussions in Idaho since 2010.	Ms. Christian represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Regence Blue Shield of Idaho 1211 W. Myrtle St. #110 Boise, ID 83702 Melissa.christian@regence.com
Jeff Crouch, Vice President Provider Services, Blue Cross of Idaho Co-Chair, Multi- payer workgroup	Mr. Crouch represents a large private payer in Idaho.	July 2013-Pesent	Mr. Crouch represents one of Idaho's largest private insurers who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	3000 E. Pine Ave. Meridian, ID 83642 jcrouch@bcidaho.com
Lisa Hettinger, Medicaid Division Administrator, Department of Health and Welfare	Ms. Hettinger represents Idaho's Medicaid program.	May 2014 – Present	Ms. Hettinger represents of Idaho's public payer who play a critical role in developing a value based reimbursement plan for Idaho PCMHs.	Medicaid Division Department of Health & Welfare 3232 Elder St Boise, ID 83705 208-364-1804 HettingL@dhw.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Anne Wilde, JD, Representative Employers Health Coalition of Idaho	Ms. Wilde represents large employers' interests in improving Idaho's healthcare system.	May 2014-Present	Ms. Wilde represents Idaho's large employers whose understanding and support of PCMH and shifting reimbursement models will be critical to payer support of PCMH reimbursement.	Employers Health Coalition of Idaho P.O. Box 6230 Boise, ID 83707-6230 annebwilde@gmail.com
Regional Public Health Districts				
Lora Whalen, District Director, Idaho Public Health District 1 (Panhandle)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Panhandle Health, 8500 N Atlas Hayden, Idaho 83835 208-415-5102 lwhalen@phd1.idaho.gov
Carol Moehrle, District Director, Idaho Public Health District 2 (North Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Public Health Idaho North Central 215 10th Street Lewiston, Idaho 83501 208-799-3100 cmoehrle@phd2.idaho.gov
Bruce Krosch, District Director, Idaho Public Health District 3 (Southwest)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southwest District Health, 13307 Miami Lane Caldwell, Idaho 83607 208-455-5315 Bruce.Krosch@phd3.idaho.gov

Idaho Healthcare Coalition (IHC) Appointees

Appointee	Rational for Engagement	Timeframe for Engagement	Appointee Role/ Responsibilities	Contact Information
Russell Duke, District Director, Idaho Public Health District 4 (Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Central District Health, 707 N. Armstrong Place Boise, Idaho 83704 208-375-5211 rduke@cdhd.idaho.gov
Rene LeBlanc, District Director, Idaho Public Health District 5 (South Central)	Represents one of Idaho's 7 public health districts.	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	South Central 1020 Washington Street North Twin Falls, Idaho 83301 208-737-5902 rleblanc@phd5.idaho.gov
Maggie Mann, District Director, Idaho Public Health District 6 (Southeastern)	Represents one of Idaho's 7 public health districts	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Southeastern Idaho Public Health 101 Alvin Ricken Drive Pocatello, Idaho 83201 208-233-9080 MMann@siph.idaho.gov
Geri Rackow, District Director, Idaho Public Health District 7 (Eastern)	Represents one of Idaho's 7 public health districts	February 2015-Present	PHD role to develop Regional Collaborative, support developing PCMHs, develop medical neighborhoods.	Eastern Idaho Public Health 1250 Hollipark Drive Idaho Falls, ID 83401 208-533-3163 grackow@eiph.idaho.gov
Karen Vauk, President & CEO Idaho Foodbank	Ms. Vauk represents the Idaho Foodbank, and serves on the IHC as a community partner representative.	August 2014-Present	Ms. Vauk represents a key community partner. Food insecurity for low income Idahoans can greatly impact health outcomes.	The Idaho Foodbank 3562 South TK Avenue Boise ID 83705-5278 208-336-9643 ext. 2693 kvauk@idahofoodbank.org